

State EMS Advisory Board Meeting
Richmond Marriott West, Glen Allen, Virginia
Friday, August 7, 2009
1:00 PM

Members Present:	Members Absent:	Staff:	Others:
Randy P. Abernathy <i>Virginia Association of Governmental EMS Administrators (VAGEMSA)</i>	Rev. Coan Agee <i>Old Dominion EMS Alliance (ODEMSA)</i>	Gary R. Brown	Matthew M. Cobb, <i>Office of the Attorney General</i>
Byron F. Andrews, III <i>Virginia State Firefighters Association</i>	Ajai Malhotra, M.D. (Excused) <i>American College of Surgeons</i>	George Lindbeck, M.D.	Dr. Mark Levine <i>Virginia Department of Health (VDH)</i>
J. David Barrick <i>Peninsulas EMS Council (PEMS)</i>	Clarence Monday (Excused) <i>Virginia Municipal League (VML)</i>	Scott Winston	Gregg Margolis <i>National Registry of Emergency Medical Technicians (NREMT)</i>
Edward B. Bish, Jr. <i>Virginia Association of Volunteer Rescue Squads (VAVRS)</i>	Dee Dee Soyars (Excused) <i>Virginia Emergency Nurses Association / Virginia Nurses Association</i>	Chad Blosser	Howard Genderson <i>Pfizer</i>
Asher Brand, M.D. <i>Central Shenandoah EMS Council (CSEMS)</i>	John Dale Wagoner (Excused) <i>Western Virginia EMS Council (WVEMS)</i>	Tim Perkins	David E. Cullen, Jr. <i>CSEMS</i>
Jason D. Campbell <i>Blue Ridge EMS Council (BREMS)</i>	Carl F. Wentzel, M.D. (Excused) <i>Virginia College of Emergency Physicians</i>	Carol Morrow	Tracey McLaurin, <i>LFEMS</i>
Jennie L. Collins <i>Northern Virginia EMS Council (NVEMS)</i>	Anthony D. Wilson (Excused) <i>Virginia Ambulance Association (VAA)</i>	Sherrina Gibson	Greg Woods, <i>SWVEMS</i>
Gary A. Dalton <i>Virginia Association of Volunteer Rescue Squads (VAVRS)</i>		Paul Sharpe	Michael B. Player <i>York County Fire & Life Safety</i>
Kevin L. Dillard <i>Rappahannock EMS Council (REMS)</i>		Jim Nogle	Daniel Norville <i>Norfolk Fire Rescue</i>
Bruce Edwards <i>Tidewater EMS Council (TEMS)</i>		Karen Owens	Jeff Meyer <i>Peninsulas EMS Council</i>
Carol Lee Fischer-Strickler <i>Consumer</i>		Winnie Pennington	Jo Richmond <i>WDC / SOE / Peninsulas EMS Council</i>
Robin L. Foster, M.D. <i>American Academy of Surgeons</i>		Ken Crumpler	Elizabeth Enos <i>SVEC</i>

Members Present:	Members Absent:	Staff:	Others:
James A. Gray, Jr. <i>Virginia Fire Chief's Association</i>		Marian Hunter	Nalita C. Daniels <i>HDH – EMS Liaison</i>
L.V. Pokey Harris <i>Southwest Virginia EMS Council (SWVEMS)</i>		Beth Singer	Gerri Kirkhum <i>BBVRS</i>
Linda G. Johnson <i>Thomas Jefferson EMS Council (TJEMS)</i>		Michael D. Berg	Mindy Carter <i>CJW Medical Center</i>
Cheryl L. Lawson, M.D. <i>Virginia Hospital & Healthcare Association</i>		Gregory S. Neiman	Heidi Hooker <i>Old Dominion EMS Council</i>
Gary Samuels <i>Virginia Chapter of the International Association of Firefighters</i>		Thomas R. Nevetral	Holly Sturdevant <i>Old Dominion EMS Council</i>
Larry A. Oliver <i>Lord Fairfax EMS Council</i>		Warren Short, Jr.	Stephen Rea <i>Thomas Jefferson EMS Council</i>
William E. Quarles, Jr. <i>Virginia Association of Counties (VAC)</i>		Amanda Davis	Kent Weber <i>Tidewater EMS Council / Virginia Beach EMS</i>
Matthew Tatum <i>Virginia Association of Governmental EMS Administrators (VAGEMSA)</i>		Frank Cheatham	Billy Altman <i>Western Virginia EMS Council / Roanoke Fire / EMS</i>
Allen Yee, M.D., FAAEM <i>Medical Society of Virginia</i>		Irene Hamilton	Jim Chandler <i>Tidewater EMS Council</i>
Douglas R. Young <i>Associated Public Safety Communications Officials</i>			Ken Craig <i>Staunton-Augusta Rescue Squad / Central Shenandoah EMS Council</i>
			Donna Hurst <i>VENA – Staunton-Augusta Rescue Squad</i>
			Linda M. Hale <i>Loudoun County Fire-Rescue</i>
			Rob Lawrence <i>Richmond Ambulance Authority</i>
			Tina Skinner <i>Rappahannock EMS Council</i>
			Melinda Duncan <i>Northern Virginia EMS Council</i>

Members Present:**Members Absent:****Staff:****Others:**

Connie R. Purvis
Blue Ridge EMS Council
Lisa Atkins
New Kent Fire-Rescue
Max Bornstein
Prince George Fire / EMS
Rick McClure
Old Dominion EMS Council / Henrico Fire
Bryan S. McRay
Richmond Ambulance Authority
Karen Wagner
*Past Chair / Virginia Association of
 Volunteer Rescue Squads*
Ed Rhodes
VFCA/VAVRS/VAC-EMSA/EMS Councils
John Boatwright
Chesterfield Fire & EMS
Mike Harmon
Chesterfield Fire / EMS
Wes Shifflet
Page County Fire / EMS
Ron Smith
Prince William County Fire & Rescue
Thomas Jarman
Prince William County Fire & Rescue
David Postelnek, M.D.
Prince William County Fire & EMS
Jeffrey Reynolds
Patrick Henry Community College
Zzebulon C. Lilly
Harrisonburg Fire Department
Wayne Peer
Rockingham County Fire & Rescue

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order – Jennie Collins Approval of Minutes	Ms. Collins, Chair, called the meeting to order. Ms. Collins noted two corrections to the minutes prior to calling for approval of the minutes. 1. On page 20, under the New Business section, in the right hand column, Comments. Ms.	

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	<p>Collins asked that the comments in the right hand comment be moved down on the page to appropriately line up with the discussion concerning the PAT Committee.</p> <p>2. Also on page 20, under the New Business section, in the right hand column, Comments, Ms. Collins asked that the comments in the right hand column regarding Freightliner Ambulances be lined up across from the discussion regarding the Freightliner Ambulances.</p> <p>With those two corrections, Ms. Collins called for a motion to vote on approval of the minutes.</p> <p>Dr. Asher Brand voted not to accept the minutes. The Chair asked if he had another correction. Dr. Brand stated that he had a correction to note on page 19 of the minutes.</p> <p>The Chair called for a motion to reconsider the approval of the minutes based on Dr. Brand having another correction to the minutes.</p> <p>Dr. Brand explained that on page 19 of the minutes, in reference to comments he made regarding the Trauma Committee that he would like the minutes to reflect that he objected to the conclusions of the report presented by the Office of EMS because many of the premises contained within the report regarding regional trauma centers were in his opinion false and also would like noted that there was no dissent from the Board. Dr. Brand asked that this be added as an Addendum to the May minutes on page 19 in the Trauma System Oversight & Management Committee's report, under the last bullet. Dr. Brand explained that at the May 15 meeting he made an extensive commentary on the report, and he feels that it should be reflected in the minutes.</p> <p>The Chair called for another motion to approve the minutes with the three noted corrections. Mr. Edwards explained that because the Board has not seen the corrections that the minutes should not be accepted until the Board has had an opportunity to review the corrected minutes.</p>	<p>A motion was made and properly seconded to accept the minutes with the noted two corrections. YEAS = 20 NAYS = 1</p> <p>A motion was made and properly seconded to reconsider acceptance of the May 15 minutes, as presented, with the two noted corrections. YEAS = 21; NAYS = 0; ABSTENTIONS = 0 THE MOTION WAS CARRIED UNANIMOUSLY.</p> <p>The approval of the May minutes will be on the agenda at the November Board meeting.</p>

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Approval of Meeting Agenda	<p>The Chair noted that she had two changes to the Proposed Meeting Agenda. The first change was under Item IX, Committee Reports and Action Items, to move the Trauma System Oversight & Management Report up so that it will follow the Office of EMS report.</p> <p>The second change is under New Business. At the May Advisory Board meeting, Bruce Edwards had requested having a discussion at this meeting regarding the possibility of changing the meeting days for the Advisory Board committees and Board meeting. The Chair is adding this discussion item under New Business today.</p>	<p>A motion was made and properly seconded to approve the Agenda with the noted changes from the Board Chair.</p> <p>The Chair called for a Vote: YEAS = 21; NAYS = 0; ABSTENTIONS = 0 THE MOTION WAS CARRIED UNANIMOUSLY.</p>
Chair Report – Jennie Collins	<p><u>New Appointees</u> - Ms. Collins noted that there were some new Board members present as the Governor had made some of the Board appointments. Ms. Collins asked all Board members to introduce themselves and asked new Board members to indicate if they have been sworn in yet because this impacted their voting ability at today's meeting.</p> <p><u>Board of Health Representative</u> – Ms. Collins thanked Board members for cooperating when the planned procedure for selecting an EMS representative to the Board of Health changed midstream due to a call from the Secretary's Office requesting the nominee's name right away. The Executive Committee decided to have OEMS set up an internet voting process for the Board members. The Chair stated that there were several nominations and congratulated Bruce Edwards who was appointed to the seat.</p> <p>Mr. Edwards stated that it was an honor being appointed to the Board of Health and said that it was his aim is to represent EMS in the "best light." Bruce said that he looks forward to learning about the other aspects of public health and determining how EMS can fit best into those efforts as well as how they can benefit EMS.</p> <p><u>Executive Committee</u> – Ms. Collins reported that the Executive Committee met on June 16. Their primary topic was to respond to the Secretary's office request for nominees for the Board of Health seat.</p> <p><u>Ad Hoc Bylaws Committee</u> - The Executive Committee established an Ad Hoc Bylaws Committee to look at the Advisory Board's bylaws. The committee is composed of Bruce Edwards, Chair, along with Jason Campbell, Carol Lee Fischer-Strickler, Gary Dalton, and Asher Brand. The committee had their first meeting earlier in the day. Board members should submit any Bylaw issues to one of the committee members. Documents from past retreats on this subject will be made available to the group.</p>	

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	<p><u>Election of Officers</u> - Ms. Collins said that the Bylaws call for election of officers at the first meeting after the Governor's appointments. Because all of the new appointments have not been made, the Chair said election of Board officers will take place at the November meeting.</p> <p><u>Nominating Committee</u> - The Nominating Committee consists of Byron Andrews, Gary Dalton, Anthony Wilson, Allen Yee and Jason Campbell. Two of the positions are nominated by the Board and three positions are appointed by the Board Chair. Byron Andrews is currently the Committee chair. The committee will continue its work to prepare a slate of officers to be presented at the November meeting. Board members interested in any of the positions should notify any one of the committee members.</p> <p>Since Byron will be rotating off the Board, Ms. Collins asked him to select a Vice Chair to ensure that the committee will be prepared with a slate of officer at the November meeting.</p> <p>Ms. Collins also asked Byron to hold a poll to determine the committee interests of the Board members Ms. Collins suggested using the Committee Interest Form.</p> <p><u>Vice Chair Appointments</u> - Ms. Collins asked all current Committee Chairs who are rotating off the Board to discuss within their committees and identify a Vice Chair for the committee so that the group's work can continue until the November elections.</p> <p><u>State Plan Information</u> - Ms. Collins reported that the committees have been asked to submit several documents to the Executive Committee including the revised Mission Statements, SWAT Analysis on the State Plan and Committee member lists. In addition Board members were asked to submit Member Interest Forms.</p> <p>Ms. Collins said that there was some confusion as to how all of the information was being used. She explained that committee memberships were not changed based on the submission of the Committee Interest Forms. The interest forms were shared with Committee Chairs so that if they needed to make changes, they would know which Board members were interested in their committee. She explained that the revised Mission Statement will go to the Ad Hoc By Law Committee so they will have them for any Bylaw changes that need to be made; and that the SWAT Analysis is going to the FLAP Committee so that they can begin work on the updates to the State Plan</p>	<p>Byron Andrews will select a Vice Chair for the Nominating Committee.</p> <p>Byron Andrews will instruct the Nominating Committee to poll Board members to determine their committee interests.</p>

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1st Vice Chair Report – Randy Abernathy	No Report.	
2nd Vice Chair Report = Pokey Harris	Ms. Harris explained that there was some confusion caused by the email sent to the Board members with a Questionnaire about the Mission Statement, Committee Members, and the next page was about the SWAT. Because the email was not clear, committees were confused about what information they needed to submit which resulted in some committees submitting more information than some others. Jennie will be sending an email with a due date for submission of the requested information.	
Office of EMS Report – Gary Brown and Staff	<p>Mr. Brown extended congratulations to the newly appointed Board members. New Board members were asked to stay back after the meeting so that they can discuss an orientation for the new members. Irene will send the new members a Member Committee Interest Form and a Member Information Sheet.</p> <p>Mr. Brown congratulated Bruce Edwards on his appointment to the Board of Health as the EMS representative.</p> <p><u>2009 Virginia EMS Symposium</u> – The next meeting of the EMS Advisory Board will be held in conjunction with the 30th Virginia EMS Symposium. Board members will receive complimentary registration for the Symposium and are encouraged to attend. Board members interested in attending the conference should send their registration forms to Irene Hamilton, Office of EMS, and she will register you for the conference.</p> <p><u>New Staff at Office of EMS</u> – Marian Hunter is the new Public Relations Assistant. Marian previously worked as a Marketing Manager at the Chesterfield Town Center; and also previously worked at Lewis Ginter Botanical Gardens as the Public Relations Assistant. She is a graduate of Virginia Commonwealth University.</p> <p>Sherrina Gibson is the new Informatics Coordinator. She has an extensive background as an evaluator and data analysis with a background in sociology. She has a sociology degree with a research focus from Hampton University. Last year Sherrina completed a Public Policy Leadership Certificate program at Virginia Commonwealth University. She has worked prior as a Health Care Analyst for the Managed Care Unit for the Department of Medical Assistance Services. Her expertise includes not only research and program evaluation methodology but also development and facilitation of workgroups and coalitions in health care improvement and policy efforts.</p> <p><u>State Budget</u> – OEMS as well as all state agencies have been required to develop budget reduction plans. They have submitted 5, 10 and 15 percent reduction plans. Based on the budget forecast,</p>	<p>Irene will send Member Committee Interest Forms and Member Information Sheets to the new board members.</p> <p>Irene Hamilton will register interested Board members for the 2009 EMS Symposium once she receives their Registration Form.</p>

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	<p>they probably will have to accept the 15 percent reduction plan. This reduction will be in addition to the 15 percent reduction that OEMS took in the fall. This will have an impact on the EMS system and all components of the recipients of the Four-for-Life funds. OEMS will do their best to maintain core programs and services.</p> <p>Mr. Brown also reminded the Board that OEMS was already directed in the past General Assembly to transfer an additional \$600,000 to Virginia State Police Medflight. This money came out of the dedicated EMS training funds account. It reduced the amount of monies available in the account. As of July 31, OEMS had obligated all the funds in that account. Mr. Brown said that they basically obligated a year's worth of funds in one month.</p> <p><u>EMS Jobs Web Site</u> – Mr. Winston referred the Board to a one page flyer distributed earlier regarding the updated EMS Job web site. The site is VAEMSJOBS.COM and it allows individuals and agencies to log in , establish accounts and search for jobs and post resumes and locate EMS agencies across the state for EMS career and volunteer opportunities.</p> <p><u>Quarterly Report to the EMS Advisory Board</u> – Mr. Brown asked Board members to let Irene know if they would be interested in discontinuing the hard copy report The report is already being sent to the Board via email and to cut down on expenses, the Office of EMS wants to know if you want a hard copy report or if the electronic report is okay.</p>	<p>Let Irene know if you need a hard copy report.</p>
<p>State EMS Medical Director – George Lindbeck, M.D.</p>	<p>Patient Care Guidelines in Virginia – Dr. Lindbeck gave a presentation on “Patient Care Guidelines in Virginia.” ...\\EMS Advisory Board\\Statewide Patient Care Guidelines 8-7-09 no pics.pdf</p> <p>Dr. Lindbeck said he feels it is time to start thinking about statewide patient care guidelines in Virginia. He said that EMS has been talking about developing statewide standard medical procedures and transportation protocols for years; but has been unable to accomplish this goal. Dr. Lindbeck stated that this was one of the noted recommendations that emerged from the 18 town hall forums held throughout Virginia.</p> <p>Dr. Lindbeck referred the Board to the Regional Emergency Medical Services Council Report that can be found on the OEMS web site. In that report the number one issue was to implement statewide protocols and the number two issue was to implement standardization of practice privileges and evidence based scope of practice. Dr. Lindbeck said that he believes in order to have evidence based medical practices, they must also have standardization. Dr. Lindbeck said that 70 percent of the OMD's and prehospital providers interviewed said that they favored statewide treatment protocols.</p>	

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	<p>Dr. Lindbeck propose forming two work groups, one to look at patient care guidelines and the other to look at the state formulary.</p> <p>The Guidelines workgroup would be a multidisciplinary group composed of 4-5 members of the Medical Direction Committee, 2 members from the Professional Development Committee, 3 members of the Regional councils, 2 members from the ALS Coordinators, the State Medical Director, and Office of EMS staff.</p> <p>Drug Box Formulary workgroup will consist of a representatives from VHHA and the Board of Pharmacy. two members of the Council, a Provider member, Dr. Brand, members of the OEMS staff, and three members from the Medical Direction Committee. This too will be a multidisciplinary committee.</p> <p>Dr. Lindbeck said that the goal is to have a comprehensive, coordinated system that provides excellent patient care.</p> <p>Dr. Asher Brand gave the following commentary in response to the proposed Ad Hoc Protocol Committee:</p> <p>Response to the Proposed Ad Hoc Protocol Committee</p> <p>Virginia has a very effective and exemplary EMS system that has consistently improved, we have providers and leaders that have consistently improved patient focused care, these agencies and providers deserve our respect and trust.</p> <p>The Medical Direction Committee (committee composed of EMS physicians) had extensive discussions at our last meeting regarding the concept of statewide protocols.</p> <p>A year ago the MDC was in the process of developing a multi-disciplinary committee to develop Statewide Guidelines. There was universal support for the concept. The advantages of uniform guidelines are clear:</p> <ul style="list-style-type: none"> • There is clear national movement toward clinical guidelines and team approaches to care. There is little doubt that this can improve patient care and safety. • Educators can teach to a set of known guidelines • Drug boxes can be uniform and interchangeable • Agencies will not have to work on or develop their own individual protocols • Inconsistencies across the State can be identified and limited • Provider Scope of Practice will be uniform enhancing the ability to change jobs and reducing awkward interactions between agencies operating under different protocols. • In disaster situations the capacities of each individual provider will be known • Given these arguments, it is unlikely that anyone in this room disagrees that uniform guidelines are desirable. 	<p>MOTION: The Governor's Advisory Board endorses the concept of a conference committee between the Medical Direction Committee (MDC) and the Professional Development</p>

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	<p>Additionally the Process Action Team identified the goal for Statewide Protocols. The PAT endorsed this goal in the context of agency and regional cooperation. The idea was, and is, to work toward the above noted goals in a grassroots up fashion.</p> <p>The Office of EMS proposes developing statewide protocols that will be incorporated into the EMS Plan. It is my understanding that once the protocols are entered into the EMS Plan any variation and agency might wish to make would require OEMS approval. The Medical Direction Committee nearly unanimously opposes this approach. It was never our understanding nor was it the PAT's understanding that statewide guidelines would be binding and mandatory.</p> <p>The MDC proposes an alternative approach to achieve the above noted goals. We shall develop a standing conference committee with the Professional Development Committee (composed of educators and EMS providers) that will regularly issue "white papers" addressing pertinent EMS issues. These papers can be used by agencies to develop their protocols.</p> <p>Some contend that a "white paper" approach is inadequate; they contend that without central control we can never achieve the above noted goals to which we all strive. To this I say it is far superior to lay out goals for agencies to consider as they develop their own protocols. It is not necessary for the Office of EMS to regulate medical protocols. The underlying premise is that current protocols are dangerous or vary from the standard of care. Yet few examples have been brought forward for discussion.</p> <p>Some contend that we have not made progress over the years. That we have not progressed toward the goals outlined above. That we have been spinning our wheels for years.</p> <ul style="list-style-type: none"> This is non-sense; our grassroots system has made steady and rapid progress in the last few years. Agencies and regions have collaborated and communicated. Regional protocols are coalescing. We all strive to incorporate recent medical evidence and to stay up-to-date. Providers are excited to impact the system and feel involved. <p>Some feel that objections to mandatory statewide protocols revolve around the provider and the agency. Reflecting in effect a power struggle. Suggesting that providers and their agencies do not want to loose control of their medical protocols. This, some purport, is inappropriate and fails to put the patient first.</p> <ul style="list-style-type: none"> To the contrary, patient care will be adversely affected when providers and their agencies are disenfranchised when it comes to developing plans of care for the very patients they take care of every day. Involved providers and agency leaders who are constantly striving to see their agency improve and implement the latest evidence based strategies provide <u>the best</u> patient care. Further, if Statewide Protocols are entered into the State EMS plan or if they are enacted by the Commissioner of Health this will effectively separate authority and responsibility. Agencies and providers will surely remain responsible for the care that they provide to their patients but will not have the authority to address the very protocols to which they are bound. This is patently not fair and will not lead to an EMS system where the Grassroots are valued. <p>We are an Advisory Board charged with providing advice to the Governor and the Board of Health. This very Board came to be in an effort to empower EMS grassroots to affect the system. I encourage all of us to oppose the proposed</p>	<p>Committee (PDC) and address the goals of uniform provision of care throughout the Commonwealth.</p> <p>MOTION: The GAB recommends to the Office of EMS that they not move forward with the proposed protocol</p>

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	<p>to endorse the development of statewide protocols. As a result the idea of developing an Ad Hoc Committee outside of the Medical Direction Committee (MDC) / Professional Development Committee (PDC) was developed by Dr. Lindbeck. Dr. Brand said that the idea had been on the table for a while but wasn't put into action until the MDC deferred; and he thinks it is an Office of EMS Plan.</p> <p>Ms. Johnson said that regardless of who it came from it looks like a lot more representation and collaboration from a lot more facets. Ms. Johnson said that to her it doesn't look like an Office of EMS project.</p> <p>Dr. Brand said that his proposal is to have a subcommittee of the MDC and the PDC and that it would include a similar representation as that presented by Dr. Lindbeck. He said that the difference is that MDC and PDC would be directly involved. Dr. Brand said that the major difference is that their proposed committee is within the current structure of the GAB committees and they are aiming to have the guidelines prepared or ready to be placed in the EMS Plan.</p> <p>Matt Cobb said that what he is hearing from Dr. Brand is that they don't want the Office of EMS to move forward with the committee. However, Mr. Cobb said that legally the Board does not have any authority to tell the Office of EMS that they cannot move forward with a committee. He said that this Board is not a policy board and they can only advise EMS of their preferences.</p> <p>Ms. Collins asked Dr. Brand to clarify his motion. And she asked Dr. Lawson if she was still okay to second the motion. Dr. Lawson agreed.</p> <p>Byron Andrews said he is concerned that neither the presentation nor what he has heard from the MDC mentions the individuals who actually run the EMS system.</p> <p>Gary Brown said that he agrees with Byron that it was an omission and said that Dr. Lindbeck will include participation of those at operational level of EMS. Mr. Brown said that the formation of work groups is an appropriate function of OEMS. He explained their decisions and discussions must follow a certain pattern and protocol. Mr. Brown said that they need to get to work on this issue and once the work is completed it will be brought back to the Board.</p> <p>Chief Gray asked for clarification of Dr. Brand's motion and also asked if the Office of EMS can reject the recommendation.</p> <p>Bruce Edwards asked if possibly the two groups could get together to work through their differences. Mr. Edwards said he is concerned with the process that the Board is going through to</p>	<p>YEAS = 16; NAYS = 5</p> <p>THE MOTION CARRIES FOR THE RECOMMENDATION GOING BACK TO THE OFFICE OF EMS TO CONSIDER A JOINT GROUP BETWEEN MDC AND PDC AT THIS POINT.</p>

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	<p>reach a conclusion. He isn't sure that it has allowed an all inclusive group to make sure that everyone has a chance to voice their opinion. Mr. Edwards said that the system was designed to allow local OMDs to set the protocols because it is their responsibility and this is why he is suggesting that they need to take a hard look at the process to make sure everyone understands what is going on because it is a change and the process seems to be two parallel approaches to get to the same subject.</p> <p>Jason Campbell commented that he feels like the Board is told that they all should be included but when they don't agree with an action of the Office of EMS then they are told that they are just an advisory board.</p> <p>Jennie Collins reiterated to the Board that any work done by any committee still has to come back to the full Advisory Board and to the Board committees.</p> <p>Linda Johnson asked Larry Oliver the PDC Chair if they had been approached about this pending action. Mr. Oliver said that they have not discussed the issue to the extent of the motion. Mr. Oliver said that this has been talked about for many years.</p> <p>Dr. Yee said that he volunteers to help Dr. Lindbeck with the work group. Dr. Yee said he will feel disenfranchised as part of the Medical Direction Committee if this doesn't go through the Medical Direction Committee. The Regional Medical Directors are responsible for overseeing their regional councils. Dr. Yee said that he feels like he is being undermined. He thinks that they should empower the Medical Direction Committee and the Professional Development Committee because that is part of their function. Dr. Yee said the Board should not leave the meeting today without making a decision.</p> <p>Following the discussion, the Chair called for the vote. YEAS = 16; NAYS = 5</p> <p>The motion carries with the recommendation to go back to the Office of EMS to consider a joint group between MDC and PDC on this matter.</p> <p>The Chair commented that it is disturbing as Chair of the Board and a member of the Board the divisiveness amongst the board members. She said it is the responsibility of this Board, while disagreements are healthy and can promote challenges and changes within a system, the board members have a responsibility to have some unity in working for and together to resolving these things and being respectful of each other.</p>	
Deputy Commissioner of	<u>Budget</u> - Dr. Levine said that tremendous budget constraints are facing Virginia now and will be	

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Emergency Preparedness & Response – Mark Levine, M.D., MPH	<p>ongoing for a while in the future. Dr. Levine said that the Governor has some critical decisions to make and no agency will be spared. Dr. Levine said it is important for all divisions to define critical and necessary work within their work units.</p> <p><u>H1N1</u> –Dr. Levine said that it is important for the EMS community to be prepared for the possibility peak flu activity in the fall. Dr. Levine said that a lot of their planning around H1N1 is for a really worst case scenario and what they have experienced is a mild to moderate pandemic. He said that VDH has to figure out ways to do their regular work but ramp up as the needs increase. They have received planning dollars from CDC and from the Department of Health and Human Services. VDH is engaging EMS as well as other communities to figure out how to plug those gaps. There are some basic questions and issues that need to be addressed but he thinks the opportunity is to enhance the system of the health care process and protect the resources regardless of what comes at them. Dr. Remley and he have worked hard to get key communication messages out. CDC identified last week that as H1N1 vaccine is released, EMS community providers, are on the list of priority people. Dr. Levine said that they have started conversations with the EMS community as to how to make sure that the EMS providers get vaccinated. Dr. Levine said he has been very impressed in hearing from hospitals and emergency departments about their willingness. Dr. Levine said this is a good time for the councils and the agencies to ask the question how will their people get vaccinated. Dr. Levine cautioned the audience not to forget seasonal flu vaccination.</p>	
Trauma System Oversight & Management Committee – Paul Sharpe	<p>Mr. Sharpe reported that Dr. Malhotra sent his regrets that he could not attend the meeting but he had a prior obligation out of town.</p> <p>Mr. Sharpe reported that the last meeting was held on June 4. VCU Medical System gave an excellent presentation on their new Injury Prevention Program that focuses on their repeat customers to the trauma world, victims of violence; and how they are trying to interact to prevent second and third visits by trauma patients due to violence. Mr. Sharpe can connect interested people to the VCU web site for additional information.</p> <p>The Committee is continuing to work on their Trauma Center criteria. They want to clarify the criteria to help with the site review process to make them more measurable and concrete.</p> <p>Mr. Sharpe reported that there is discussion at each meeting in regards to PPCR forms that are left at the hospitals with patients. The committee wants to send forth a motion that the Office of EMS explores the issue of leaving a patient care report at the hospital with the patient, whether it will be electronic format, quick sheets. The committee wants to leave it general so that it could be looked at because the committee is aware of the regulations that allow EMS personnel and EMS agencies to provide the hospital with a copy of the patient care reports for each patient treated within 24</p>	<p>Paul Sharpe brought forth the following motion on behalf of the Committee.</p> <p>MOTION: The Trauma System Oversight and</p>

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	<p>hours. The committee finds that in more cases than not they do not get the call sheet and it effects the Trauma Committee when they try to do performance improvement later and they cannot get those sheets and the people that do work in the ED as well find that it is a break in the continuum of care.</p> <p>Following the reading of the motion, the Chair opened the floor for discussion.</p> <p>Dr. Lawson asked if the Committee would like to shorten the 24 hour requirement. Mr. Sharpe said that the committee wants something. Mr. Sharpe discussed that some jurisdictions use Quick Sheets, and he said the committee would be happy with any form of communication.</p> <p>Ms. Collins asked if there is a sense from the committee that if the report does come back within the time period it doesn't get put with the patient record in the Emergency Department and goes into "no man's land" and that it is also a hospital issue as well as a system issue. Mr. Sharpe acknowledged that part of the issue is the hospital system and said if some sort of written documentation was left with the patient it would increase the likelihood that it would be included with the medical record.</p> <p>Ms. Collins asked Mr. Sharpe to read the motion again. After Mr. Sharpe read the motion, Ms. Collins commented that if you are going to ensure something that is a regulatory change and it would have to go through Regulation and Policy.</p> <p>Following discussion the Chair called for the vote.</p> <p>Mr. Sharpe also reported that the committee has put the proposed State Trauma Triage Plan in the</p>	<p>Management Committee continues to have concerns over receiving Patient Care Reports from EMS crews which are missing more often than not. The Committee requests that the Office of EMS reviews the issue and take steps that some type of written patient care report is left with the patients at the receiving medical facility.</p> <p>MOTION: The Trauma Committee made the motion to request that the Office of EMS review the issue and take steps necessary to ensure that some type of written patient care report is left with the patient.</p> <p>YEAS = 21; NAYS = 0; ABSTENTIONS = 0 The motion was carried unanimously.</p> <p>MOTION:</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Quarterly Report, Appendix H, and the committee sends that forward for approval by the EMS Advisory Board.</p> <p>The Chair opened the floor for discussion.</p> <p>Dr. Brand said that at the last Medical Direction Committee the MDC voted to write a letter to the EMS Advisory Board regarding this issue. Dr. Brand read the letter. (see below).</p> <p>At the last meeting the MDC voted to recommend that the GAB not approve the proposed version of the Statewide Trauma Triage Plan. The proposed plan can be found in Appendix H of the Quarterly Report.</p> <p>The Code of Virginia § 32.1.111.3 tasks the Board of Health to maintain a strategy for maintaining the Statewide Trauma Triage Plan through formal regional triage plans that incorporate each region's geographical variations and trauma care capabilities and resources including hospitals designated as trauma centers pursuant to subsection of this section. The regional trauma plan shall be reviewed tri-annually.</p> <p>Note that the Statewide Trauma Triage Plan is to incorporate the formal regional plans. Only now are the required tri-annually region plans being revised by the regional councils. It is, therefore, premature to approve a statewide plan as we cannot incorporate the formal regional plans as required by code.</p> <p>The MDC recognizes and would like to stress the importance of organized triage plans. It is nearly universally held that rapid transfer to a trauma center reduces morbidity and mortality and improves and hastens recovery. Every effort should be made to see that the right patient gets to the right trauma center at the right time.</p> <p>The MDC opposes the current version of the Statewide Trauma Triage Plan for several additional reasons. It cannot, as I previously noted, incorporate the formal regional triage plans currently being reworked. Most importantly the Plan proposes to subordinate agency protocols to a statewide plan, which based on my reading of the code, was never the legislators' intent nor does it make any sense.</p> <p>The Commonwealth of Virginia is a diverse area, as we all know. The Statewide Plan applies very sensitive criteria to mandate transfer to trauma centers and does not consider local resources which are an invaluable access in the continuum of patient care. The geographic and demographic diversity across the Commonwealth is real and should not be minimized. For instance, an 80 year old woman who falls in the bathroom and breaks her shoulder and hip would be evacuated directly to a trauma center under the proposed Statewide Trauma Triage Plan. This might make sense in an urban environment where different hospitals are not that far apart but it is nonsensical in an area served by a regional medical center that routinely cares for such patients and is 40 miles from the closest trauma center.</p> <p>Page 40 of the green Quarterly Report book states that the Virginia law requires that a statewide plan establish uniform criteria based on the CDC (formerly the American College of Surgeons guideline). I wasn't able to find this exact quote, but I will quote directly from Section B of the aforementioned section code which was § 32.1.111.3 which seems to be related to the point. It states "a uniform set of proposed criteria for prehospital and interhospital triage and transport of trauma patients developed by the Emergency Medical Services Advisory Board, that's us, in consultation with the Virginia Chapter of the American College of Surgeons, the College of Emergency Physicians, the Virginia Hospital and Healthcare</p>	<p>The Trauma Committee asks the EMS Advisory Board to approve the draft proposed State Trauma Triage Plan.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Association, and prehospital care providers. The Emergency Medical Services Advisory Board may revise such criteria from time to time to incorporate acceptable changes in medical practice or to respond to needs indicated by analysis of data in patient outcomes. Importantly, it also states such criteria shall be used as a guide and resource for healthcare providers and are not intended to establish in and of themselves a standards of care.</p> <p>The Medical Direction Committee formally recommends that the current version of the Trauma Plan not be approved.</p> <p>Following Dr. Brand’s commentary, Matt Cobb asked to clarify some facts in the Code. Mr. Cobb said that the Board of Health is tasked with developing the Trauma Triage Plan. There are two components to the plan. One component is a uniform set of criteria proposed to the Board of Health for prehospital, interhospital, triage and transport trauma patients. This means that there needs to be a uniform set of criteria statewide. The second component is that the statewide triage plan requires a strategy for maintaining the plan through formal regional trauma triage plans that incorporate the regions. The regional trauma triage plans don’t have to be incorporated in the state plan; the state plan only has to have a strategy for maintaining these regional plans.</p> <p>Dr. Yee stated that he has been involved in the trauma triage plan for several years. He has one criticism of the proposed plan. On page 4 of the document, paragraph 3, item 3, it states that “Trauma patients transported by air must meet the clinical triage criteria for transport and be transported to the closest Level 1 Trauma Center, or when appropriate the closest level II Trauma Center.” Dr. Yee said that he feels this wording needs to be loosened up because in all the incoming air traffic very few meet any trauma triage criteria. Dr. Yee suggested that the wording might need to be changed to incorporate the other mechanisms and capture the other patients that these helicopters fly.</p> <p>Dr. Brand made a motion to table the motion made by the Trauma Oversight and Management Committee until the GAB meeting in the spring of 2010. Following Dr. Brand’s motion, Matt Cobb consulted with the interested parties in regards to the motion to table the motion. Following the consultation, Dr. Brand withdrew his motion to table the motion that the Board vote on the original motion from the Trauma Oversight & Management Committee. Dr. Brand stated that it was his recommendation that they do not accept the Plan as recommended by the Medical Direction Committee.</p> <p>Paul Sharpe was asked to repeat the original motion.</p> <p>The Chair called for the vote.</p>	<p>MOTION: The Trauma System Oversight & Management Committee presents the State Trauma Triage Plan for approval by the EMS Advisory</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
		Board. YEAS = 4; NAYS = 17; ABSTENTIONS = 0 THE MOTION FAILED.
Presentation and Q&A on NREMT Activities – Gregg S. Margolis, PhD, NREMT-P	<p>Dr. Margolis, Associate Director, National Registry of Emergency Medical Technicians gave a presentation on the National Registry performance in Virginia.</p> <p>Dr. Margolis said that the National Registry hopes to earn the position of the National EMS Certification as called for in the IOM report. Dr. Margolis talked about different recommendations from the report. Dr. Margolis gave a brief history of the National Registry of Emergency Medical Technicians. Dr. Margolis gave stats on the first time pass rate for the test and talked about Virginia's growth trends.</p> <p>Dr. Margolis talked about the EMS Scope of Practice Model and explained that it was a new document created by the federal government and it was an attempt to decouple the educational process from the credentialing process. He said that there were identified four national levels of EMS providers in the document. Emergency Medical Responder, EMT, Advanced EMT and Paramedic. EMR is very similar to today's First Responder, and the EMT Basic is similar to EMT, Paramedic is very similar to EMT-Paramedic and the transition for most of those will be easy. He explained that the challenge and implementation is going to be for the level between EMT-Basic and Paramedic which is the Advanced EMT and recognizing that Virginia uses the EMT Intermediate 99, they are going to be facing some challenges and working closely with the State EMS office and the EMS Advisory Board to figure out a transition plan that meets their needs.</p> <p>Dr. Margolis said that his Board's commitment is to work with the states affected to figure out a transition plan that will work. Dr. Margolis said that there has been no final decision on a date when the EMT Intermediate 99 will go away; but he said that some day it will go away but it will not be eminent but they will have to work with the State EMS Office and the EMS Advisory Board to figure out a plan that will work.</p> <p>He said that EMS Education Standards have been released and will likely be implemented and they will begin to change their exams to reflect the education standards and the Scope of Practice levels. They will begin the process in 2010, 2011, 2012 timeframe. Dr. Margolis doesn't know when the end of the process will be but the beginning of the process will be soon. A committee from the National Association of State EMS Officials has been charged with coming up with and working with the state officials and the National Registry to coordinate these activities and that committee has been meeting over the last year or so to work out the details.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Dr. Margolis said that all of the issues are intended to improve the consistency and credibility of EMS education and EMS credentialing nation wide. He said that the initiatives is intended to decrease the variability from state to state without decreasing people's willingness and ability to exceed and excel far beyond the minimum requirements if and when they choose to do so.	
Office of Attorney General Report – Matt Cobb	Mr. Cobb said that he did not have a report at this time.	
Awards Committee – Beth Singer	Ms. Singer reported that the Awards Committee will meet on August 21. They have received all the Awards nominations. This is a closed meeting and the winners will be announced at the Governor's Awards Banquet at Symposium.	
Communications Committee – Pokey Harris	<p>The committee met this morning. They discussed the planning template. The committee continues to gather information for the State Plan; and they are working with Mike Berg on EMS Communications regulations. They have been having conference calls with Mr. Berg. The Symposium will have a good Communications track this year. One of their key initiatives is the promotion of EMD and EMD accreditation from the Office of EMS.</p> <p>The committee has two localities to acknowledge, Culpeper and Nelson that came out of the committee as approved for EMD accreditation. Today the committee is bringing Amelia County for accreditation and Hanover County for reaccreditation.</p> <p>Ms. Harris distributed a map from the State 911 office, the Division of Integrated Services and the Virginia Geographic Information Network. Ms. Harris said that in discussions with PSAPs across the Commonwealth about the deployment and use of EMS they recognized that there are a lot of localities not utilizing EMD. Ms. Harris said that one of the missions of the committee and one of the core initiatives in the state plan is to continue to promote EMD to help the localities. She said that the RSAF grant program allows funding for that and her office is working to align their grant program to allow funding so that they can hopefully achieve 100 percent deployment of EMD. Ms. Harris said that there is no reason for a locality in the Commonwealth not to provide EMD.</p> <p>Ms. Harris said that the Communications Committee in conjunction with their counterparts are doing an unofficial EMD awareness across the Commonwealth and the map is being distributed to provide a visualization of where the gaps are and to encourage people if you live in or are familiar with one of the localities without EMD to promote EMD in those communities. Ms. Harris challenged the Board and audience to help to promote this initiative.</p> <p>Ms. Harris acknowledged Doug Young who will be departing from the Communications Committee after six years of service to the committee.</p> <p>Ms. Harris said that Constance McGeorge, the State Interoperability Coordinator, attended the</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Communications Committee meeting earlier in the day. She asked that two items be brought to the Board. The Regional Preparedness Advisory Committee and the Regional Preparedness Advisory Committee for Interoperability will be scheduled in the month of September across the Commonwealth.</p> <p>Ms. Harris said that she has information regarding those meetings for anyone not familiar with the committees and encouraged individuals who were familiar with them to contact the coordinator within their locality to find out more information. Ms. Harris said that in every locality a designated person will be receiving a survey from the Interoperability Office. It will be released within the next two weeks to the localities. They are trying to make sure that the base line survey gets to all the appropriate persons within the locality so that they can identify the needs and the gaps for communications for operability and interoperability across the Commonwealth.</p>	
CISM Committee – Jim Nogle	Mr. Nogle reported that the committee met in July. They are still looking at methodologies and they are still without a chairperson at the moment.	
EMS Emergency Management Committee – Bubby Bish	<p>The committee has completed their Phase I Mission Statement Vision for the Future. The committee has completed a three page PPE Plan that includes a \$500,000 grant for the purchase of the N95 Mask. The grants application will be accepted from August 1 through September 1.</p> <p>Mr. Bish also reported that the committee is working closely with VDH divisions for preparation of the flu season and the H1N1 virus.</p> <p>Mr. Bish said that it was reported at their meeting that VDOT no longer has a stand alone transportation emergency operation center. That service will now be funneled through Richmond and their regional offices in localities.</p> <p>Their next meeting will be October 1 at 10 AM at the EMS Office in Glen Allen.</p>	
Emergency Medical Services for Children – Robin L. Foster, M.D.	<p>The committee met on July 9. Dr. Foster referred the group to the Quarterly Report, page 43 and 44, for a synopsis of the work that is being done. Dana Love gave a presentation about the standards of excellence. Mr. Love wanted to get a list of standard pediatric equipment. Dr. Foster said that the National EMSC has made that list available for both BLS and ALS, and the list was endorsed by AAP and the American College of Surgeons, and the list was shared with Mr. Love.</p> <p>There were two reports presented at the committee. Two of the members of the EMSC Committee are also on the Virginia State Child Fatality Review Team. Both reports are available on the VDH's web site. There is no paper copy available but they can be downloaded. One is on Motor Vehicle Deaths of Children in the State of Virginia. That study looks at 2002 and has information on 105 deaths that year. The other report is on Child Deaths from Heat Related Motor Vehicle Entrapment. That study is a 15 year study and looks at 13 deaths within the Commonwealth.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
EMS Workforce Development Committee – Chief James Gray	<p>Chief Gray said they distributed a copy of their report at the beginning of the meeting. The Standards of Excellence Committee has been working on presenting their program to other committees of the Board. Chief Gray reported that they did present to the EMSC Committee. Their goal is to educate the other committees and get feedback. They have also presented to the Medical Direction Committee and received some valuable feedback. Dr. Scott Weir, M.D. from MDC has agreed to work with the Standards of Excellence Committee. Chief Gray asked committees interested in having a presentation to contact Dana Love.</p> <p>Chief Gray reported that their Leadership and Management Workgroup is continuing to work on developing EMS Officer Standards for EMS Officer I-IV. They delivered a draft to the committee at the meeting on July 8 but the committee has not had an opportunity to review the draft and provide feedback; but that work is continuing.</p> <p>Chief Gray said that their committee has responsibility on promoting the Keeping the Best program around the state. He said that some of the scheduled classes were not well attended. There are two future classes scheduled. The committee has developed a condensed version of the program as a way of selling the program. This will be presented at the Virginia Firefighters Convention later this month in a one to two hour format. They are also scheduled to present again at the Virginia Fire Chiefs Mid Atlantic Expo in February 2010. They hope that this will lead to individuals wanting to have the full program.</p> <p>The next meeting will be October 14 at the Tech Park Office.</p>	
Finance, Legislation and Planning – Randy Abernathy	<p>The committee met earlier in the day. They elected Gary Dalton as the Vice Chair since that was Mr. Abernathy's last meeting. Mr. Abernathy thanked each Chair for their response to the strategic plan initiatives. The committee will be assimilating that information and working with staff to come up with a document or template so that they can start developing the Plan as it will appear in its final form to be brought to the Board for consideration.</p> <p>Mr. Dalton said that the next meeting will be at the VAVRS office on a Tuesday in September. The date will be announced later because they want to combine it on the same day as the Virginia Fire Services Council's Legislative Summit. They plan to have their meeting following that meeting. The date will be announced later.</p>	
Financial Assistance Review Committee – Wayne Peer	<p>The committee met on August 6. Discussion included the Fall cycle and auto pulses. Mr. Peer said that the Fall cycle is open until September 15. Mr. Peer said that anyone putting in for auto pulses during the cycle will receive a questionnaire to help develop better grade depth. Mr. Peer said that they will be piloting the new grade sheets as pilot in the Fall cycle. They will still be using their final system for grades, but this pilot is to compare grades and see how they match.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Mr. Peer said that OEMS is putting together some press releases on previous recipients.</p> <p>Mr. Peer asked people to remind their constituents as they are filling out grants to be specific in justifying hardship grants.</p> <p>Mr. Peer said that since May, OEMS has paid out 1.6 million dollars through 61 payments. Mr. Peer said that \$5.3 million was requested in the previous cycle and they awarded \$3.3 million for 108 applicants that applied.</p> <p>Mr. Peer said that today is the deadline for the PPE grant for the surgical masks.</p>	
Medevac Committee – Bruce Edwards	<p>Mr. Edwards said that their working groups are all up and operational. The committee is continuing to monitor the federal legislation. Mr. Edwards said that the group is very organized and focused and getting a lot of work done.</p> <p>The next meeting will be held during the Advisory Board in Norfolk and he thinks it is in the morning before the Advisory Board meeting.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<p>Medical Direction Committee – Asher Brand, MD</p>	<p>The committee discussed the stroke initiative because the MDC has been tasked with developing a uniform set of criteria for stroke patients. The concern is that the existing map that divides the state into regions cuts many of the EMS councils in half. Therefore, the regions that the Code calls for has not been determined to be the EMS regions. Dr. Brand said that he has some concern about that from logistics. If you are a council officer or participating in QA within a certain EMS region you might be required to attend two meetings. Their QA/QI processes, everything they do are organized around these councils. Dr. Brand thinks that it would be better to ask that the Stroke Task Force be asked to rework the map at this juncture instead of having a problem down the road.</p> <p>Dr. Brand brought forth one motion from the Committee.</p> <p>Following the motion, the Chair opened the floor for discussion. Hearing no discussion, the Chair called for the vote.</p>	<p>MOTION: The Medical Direction Committee recommends that the EMS Advisory Board accepts the Virginia Scope of Practice Procedures and Formulary document as a practice maximum and education minimum, along with the stipulations that the document be reviewed annually by the Medical Direction Committee with recommendations for modifications to be submitted to the Advisory Board and then submitted for approval by the Commissioner of Health and the provider must have appropriate education for any skill or medication that is permitted by an agency OMD.</p> <p>YEAS = 21; NAYS = 0; ABSTENTIONS = 0</p> <p>THE MOTION CARRIED UNANIMOUSLY.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Professional Development Committee – Larry Oliver	<p>Mr. Oliver said that the focus of the last meeting with the Mission Statement, the Vision Statement and the Core Objectives. They approved those unanimously. They had two tabled items from the last EMS Advisory Board meeting. One that they are not moving forward with and the second one is included in the Quarterly Report with the Training Program Administration Manual (TPAM) updates. Those were approved by Professional Development Committee at the last meeting but were excluded from the Quarterly Report by error on the committee's part. Updates to the TPAM were needed because of new service level requirements for the use of optical scanners to record continuing education in the field. Therefore, by Administrative Policy they were put in place for this period.</p>	
Regulation and Policy – Jennie Collins	<p>Ms. Collins referred the Board to page 35 of the Quarterly Report and said that section outlines the regulation status and talks about it being at the Governor's office for signature followed by a schedule of public hearings. Ms. Collins asked Mike Berg to come up and outline some things that he has been informed from the Governor's office in regards to some changes to the law regarding Durable Do Not Resuscitate.</p> <p>Mr. Berg reported that the 12VAC5-66 regulations, the Durable Do Not Resuscitate regulations, are in the Governor's office awaiting his signature. Mr. Berg said that there was a change in the Code of Virginia effective July 1 under 54.1-2987.1, that does say only the person named on a Durable Do Not Resuscitate (DDNR) order may revoke the order. The next of kin may no longer override a DDNR when the patient becomes unable to speak for themselves. In the case of a minor, the person authorized to consent on the behalf of the minor's behalf. Ms. Collins said that she thinks the information is very important to take back to EMS agencies because a lot of agency protocols say something different because of the way the law used to read.</p> <p>Mr. Berg said that in addition there was a meeting between the Joint Committee Boards of Nursing and Medicine. The Board of Nursing and Board of Medicine concur in that accordance with that section of the Code that a Nurse Practitioner can sign a DDNR order. They do not have any direction as to whether a PA, Physician Assistant can sign a DDNR order.</p> <p>Mike reported that 12VAC5-31(Regulations governing EMS) has cleared the Department of Planning and Budget. It is in the Secretary's office awaiting her signature, and she has 14 days to sign. It will then go to the Governor's office. Mr. Berg said that they were informed by the Department of Planning and Budget that any regulatory action requiring the Governor's signature may not happen until after the new administration is set. Mr. Berg said that once he gets approval from the Governor's Office he will work diligently with the regional councils to establish the public hearing process.</p>	
Transportation Committee – David Barrick	<p>Mr. Barrick reported that the Transportation Committee worked on the Mission values and Vision statements and submitted those and they had no additional business.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Regional EMS Council Executive Directors – David Cullen	<p>Mr. Cullen reported that they are currently working on a CE Scanner grant. They are also working on the statewide stroke study. The councils are having some contract issues between the councils and the Office of EMS. Four of the contracts were signed and the others are being held up for the H1N1 and the Awards issues. Mr. Cullen said that he thinks some things are going to be removed from the contracts and some others will be added.</p> <p>The designation deadline is October 1 and they will all be applying for designation.</p>	
PUBLIC COMMENT PERIOD	None	
Unfinished Business	<p><u>PAC Committee Report</u> - Bruce Edwards reported that he spoke with Gary Critzer, who was unable to attend this meeting, and Gary asked him to bring forth a report.</p> <p>The Chair met via teleconference with the GAB Executive Committee on June 16, 2009 at 9:30AM. The discussion was on next steps of the PAT process with regards to the regional councils. It was determined that Dr. Remley had received a copy of the minutes and the report from Tyler St. Clair from the November 2008 PAT work session in Waynesboro prior to the May 2009 Advisory Board Committee meeting. Discussion was held regarding requesting Dr. Remley place the report on a future agenda of the Board of Health and that the Chair of the PAT be present at that meeting to present the report and respond to any questions. The Chair of the GAB indicated that it was her preference that the Chair of the PAT be present at that meeting. The Director of OEMS advised that he would communicate with Dr. Levine to initiate the request to Dr. Remley. That meeting remains pending inclusion on the Board of Health agenda. Discussions were held regarding assigning standing committees of the Advisory Board to look at the recommendations made by the PAT at the work session and subsequently approved by the GAB at its February 2009 meeting to the standing committees of the GAB. It was determined that the recommendations would be reviewed and that they would be assigned to the appropriate committee for further review and consideration. The PAT Chair will make himself available to the GAB or any of the committees as the work continues on the recommendation. Discussion was held on the continuing role of the PAT. It was suggested that the PAT may be utilized for future projects relating to Virginia's EMS system and that further discussions on that will be held at a future meeting.</p> <p>The placement of the PAT report on the Board of Health agenda is pending. Ms. Collins said that the next Board of Health meeting is October 15, and they don't know if they can get on their agenda for a Board update.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<p>New Business</p>	<p><u>Smoking Cessation Program for First Responders</u> - Ms. Collins said that Mr. Genderson from Pfizer had to leave the meeting. He asked if he could be on the agenda for the November meeting. He is working with the National Volunteer Fire Council on a smoking cessation project.</p> <p><u>Advisory Board Meeting Dates/Time</u> – There has been some discussion about moving the Advisory Board meeting dates from Thursday and Friday to Wednesday and Thursday in consideration that traffic tends to be heavier on Friday's. Bruce Edwards brought forth this suggestion as a motion. Jason Campbell seconded the motion.</p> <p>The Chair opened the floor for discussion.</p> <p>Mr. Quarles pointed out that moving the meetings might limit the widespread participation because individuals may not have as much flexibility to attend meetings earlier in the week due to their workload; and a lot of work is completed by Friday which will enable more people to attend the meetings. Ms. Harris suggested trying it for a year and seeing if it impacts attendance.</p> <p>OEMS Director, Gary Brown, pointed out that from a budgetary standpoint pricing is better on Thursday night for lodging and the meeting room and rate is usually cheaper on Friday. Mr. Brown said that he would put out some bids and see what they get back in terms of cost because that could effect being able to make that change. Matt Tatum asked, and Mr. Brown agreed to get pricing for both dates and bring the information to the November meeting.</p> <p>Based on this information, Mr. Edwards withdrew his motion.</p> <p><u>Statewide Trauma Guidelines</u> – Byron Andrews said that there needs to be some mediation and he wanted to bring forth a motion. The motion was seconded by Dr. Asher Brand.</p> <p>The Chair opened the floor for discussion and hearing none, called for the vote.</p> <p>Ms. Collins asked that the members of the Executive Committee stay back after the meeting to set a date and time for an Executive Committee meeting. Ms. Collins said that she would also like Matt Cobb to attend the meeting.</p> <p>Ms. Collins also thanked all Board members rotating off the Board for their dedication and service during their tenure.</p>	<p>MOTION: The EMS Advisory Board move its meeting dates from Thursday and Friday to Wednesday and Thursday.</p> <p>Following extensive discussion, Bruce Edwards withdrew the motion.</p> <p>MOTION: That the Executive Board of the EMS Advisory Board; along with the Chair of MDC, Executive Director and the State Medical Director conference to establish a workgroup to develop the process for statewide guidelines, which is representative of Virginia's EMS system and its stakeholders.</p> <p>YEAS = 21; NAYS = 0; ABSENTIONS = 0</p> <p>THE MOTION CARRIED UNANIMOUSLY.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Adjournment	The meeting was adjourned at 5:00 PM	
NEXT MEETING	The next meeting is scheduled on Wednesday, November 12, 2009 at 1:00 PM at the Norfolk Waterside Marriott.	